

**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	10/561,491
Filing Date	December 20, 2005
First Named Inventor	Shlomo BEN-HAIM
Title	GASTROINTESTINAL METHODS...
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095.233410

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

54042

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE OF Applicant or Assignee of Record

Signature

Date

30/5/06

Name

Shlomo Ben-Haim

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted

This collection of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/561,491
Filing Date	December 20, 2005
First Named Inventor	Shimon BEN-HAIM
Title	GASTROINTESTINAL METHODS...
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095.233410

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature *Shimon Ben-Haim*
Name *Shimon Ben-Haim*

Date *10/5/06*
Telephone

Title and Company

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**POWER OF ATTORNEY
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Application Number	10/581,451
Filing Date	December 20, 2005
First Named Inventor	Shlomo BEN-HAIM
Title	GASTROINTESTINAL METHODS...
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095.233410

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I hereby appoint:

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54042

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Firm or individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Ricardo Avly</i>	Date	11/5/6
Name	Ricardo Avly	Telephone	
Title and Company			

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Application Number 10/561,491
 Filing Date December 20, 2005
 First Named Inventor Shlomo BEN-HAIM
 Title GASTROINTESTINAL METHODS...
 Art Unit not assigned
 Examiner Name not assigned
 Attorney Docket Number MET095.233410

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Zip

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Email

I sign this:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/99)

SIGNATURE OF Applicant or Assignee of Record

Signature *[Signature]*

Date

9/5/06

Name Ofer Gladberg

Telephone

Title and Company *Signor invention, br*

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Application Number	10/581,491
Filing Date	December 20, 2005
First Named Inventor	Bilmo SBN-HAIM
Title	GASTROINTESTINAL METHODS...
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095.233410

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☐ Firm or Individual Name

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Zip

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Telephone

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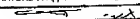
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

(Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96))

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/10/05
Name	Tom Haim	Telephone	
Title and Company	y		

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Application Number	10/561,491
Filing Date	December 20, 2005
First Named Inventor	Shlomo BEN-HAIM
Title	GASTROINTESTINAL METHODS...
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095.233410

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SIGNATURE of Applicant or Assignee of Record

Signature

Name

Title and Company

Date

Telephone

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Application Number	10/581,491
Filing Date	December 20, 2005
First Named Inventor	Sylvio BEN-HAIM
Title	GASTROINTESTINAL METHODS...
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095.233410

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/26)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Telephone

Name

Benny Kousso

Title and Company

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